

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$825.00 for date of service 03/26/01.
- b. The request was received on 03/26/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 03/25/02
 - b. HCFA(s)
 - c. TWCC 62 form
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution dated 07/12/02
 - b. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. There was no Carrier sign sheet found in the case file. Therefore, all of the information in the dispute packet will be reviewed and a decision will be written accordingly.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 03/25/02 that...

“On 03-26-01, Dr...provided professional anesthesia services to claimant..., for a Lumbar Epidural Steroid Injection. The charges were filed using CPT code 00600, per TWCC Manuel this code is, ‘Anesthesia for procedures to Lumbar spine; not otherwise specified. On 5-10-01, we were sent a denial on this claim and it simply stated; ‘CODE “T” NOT ACCORDIGN[sic]TO TREATMENT GUIDELINES, DOP DOES NOT SUPPORT COMPLEXITY OF THIS CODE SUGGEST 01999’. Code 01999 is for an unlisted procedure and this procedure was within the listing for anesthesia services. The code 01999 does not apply in this case.”

2. Respondent:

“The Claimant received a lumbar Epidural Steroid Injection (“ESI”) on March 26, 2001. This routine spinal injection took approximately 15 minutes, beginning at 8:35 a.m. and ending at 8:50 a.m. No record contained within the file indicates the Claimant’s case was complicated in any way – it was nothing more than a routine ESI injection. The Requestor in this instance delivered MAC – which was far beyond the standard of care for such a common-place spinal injection. Indeed, per recent SOAH decisions, the presence of an anesthesiologist for an ESI injection is not medically necessary.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/26/01.
2. The denial listed on the EOB is “T-NOT ACCORDING TO TREATMENT GUIDELINES DOP DOES NOT SUPPORT COMPLEXITY OF THIS CODE SUGGEST 01999.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/26/01	00630	\$825.00	\$0.00	T	\$40.00/hr	MFG; AGR (I) (A); Spine Treatment Guidelines, Rule 134.1001(e)(T)(i) CPT Descriptor	<p>“T-NOT ACCORDING TO TREATMENT GUIDELINES DOP DOES NOT SUPPORT COMPLEXITY OF THIS CODE SUGGEST 01999.”</p> <p>According to the Spine Treatment Guidelines, Rule 134.1001(e)(T)(i), “Spinal injection techniques are interventional pain procedures that can be diagnostic as well as therapeutic.” According to Rule MFG; AGR (I)(A) states: “Anesthesia care may include but is not limited to general, regional, or monitored anesthesia care, supplementation of local, or other supportive services in order to afford the patient the anesthesia care deemed optimal by the anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) during any procedure.” There is nothing in the Spine Treatment Guidelines that addresses anesthesia. Medical documentation indicates that the services were rendered. Therefore, reimbursement is recommended in the amount of \$825.00.</p>
Totals		\$825.00	\$0.00				The Requestor is not entitled to reimbursement.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$825.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11th day of October 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division